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TO:	FROM: Robert J. Sacco/vb
COMPANY: USPTO	DATE: August 22, 2006
FAX NUMBER: 571.273.8300	TOTAL NO. OF PAGES INCLUDING COVER: 11
PHONE NUMBER:	SENDER'S REFERENCE NUMBER: 7162-0118
RE: Amendment for Ser. No. 10/762,124	YOUR REFERENCE NUMBER:

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Tel. 561-626-2222 ♦ Fax 561-626-2681

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PTO/SS/21 (09-04)

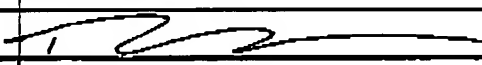
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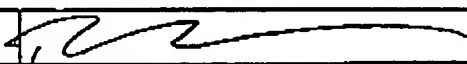
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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/762,124	
	Filing Date	January 20, 2004	
	First Named Inventor	PIKE, Randy T.	
	Art Unit	2828	
	Examiner Name	ERDEM, Fazil	
Total Number of Pages In This Submission	10	Attorney Docket Number	7162-0118

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ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks Please charge any deficiencies or credit any overpayments to Deposit Account No. 50-2884.		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Sacco & Associates, P.A.		
Signature			
Printed name	Robert J. Sacco		
Date	8-22-06	Reg. No.	35,667

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	Robert J. Sacco	Date	8-22-06

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appln. No.	:	10/762,124	Confirmation No.:	4099
Applicant	:	PIKE		
Filed	:	January 20, 2004		
TC/A.U.	:	2826		
Examiner	:	ERDEM, Fazli		
Docket No.	:	7162-0118		
Customer No.	:	39207		

Via Facsimile 571-273-8300  
Mail Stop Amendment  
Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**AMENDMENT**

In response to the Office Action dated May 22, 2006, please amend the above-identified application as follows:

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper.

**Remarks/arguments** begin on page 6 of this paper.

Certificate of Transmission

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. (571) 273-8300 on 8-22-06. Typed or printed name of person signing this certificate: ROBERT J. SACCO



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